

# Foster Family Home - Deficiency Report

Provider ID: 1-190025

Home Name: Lorna Lobusta, CNA

Review ID: 1-190025-10

1265 Noelani Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

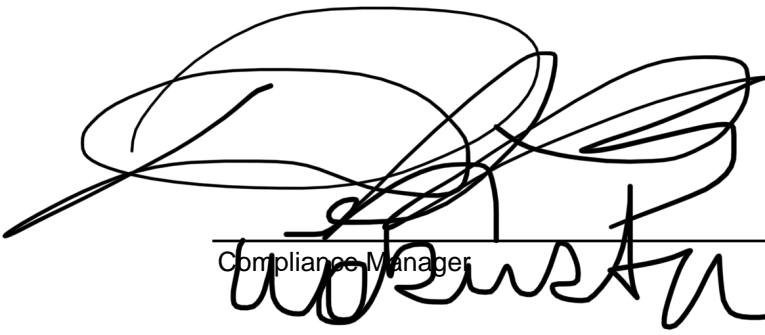
Begin Date: 1/24/2023

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection. CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
\_\_\_\_\_  
Primary Care Giver

1/24/23  
\_\_\_\_\_  
Date  
1/24/23  
\_\_\_\_\_  
Date